

**Restaurant/Bar/Tavern/Nightclub Supplemental Questionnaire
(Complete in addition to Acord Application)**

1. **INSURED** _____

2. **GENERAL INFORMATION:**

Number of years in this type of business: _____ Number of years this business has been in operation: _____

Business Hours _____ to _____ Number of days business is open per week: _____

	Yes	No		Yes	No	
a. Bouncers?	<input type="checkbox"/>	<input type="checkbox"/>	Days Per Week _____	If yes are armed?	<input type="checkbox"/>	<input type="checkbox"/>
If bouncers used are they ever off duty police officers?				<input type="checkbox"/>	<input type="checkbox"/>	

b. Pool Tables? Days Per Week _____

c. Mechanized Device (i.e. Riding Bull, etc.)

If yes: _____

d. Clientele Age: 18 - 25 25 - 35 Over 35 Years Over 50 Years

e. Live Bands? Days Per Week _____ Female Reviews? Days Per Week _____

Dancers? Days Per Week _____ Male Reviews? Days Per Week _____

Dance Floor? Days Per Week _____ Disc Jockey? Days Per Week _____

If yes, is it elevated?

If it is elevated, are there handrails?

Are the stairs properly marked and lighted

g. Does the insured have or allow mosh/moshing pit, stage diving or crowd surfing? Yes No

h. Does management ever allow the use of any type of pyrotechnics? Yes No

i. Does the insured offer any type of menu item in which the presentation of that menu item involves flames/fire?

Example would be flaming drinks, appetizers, etc.? Yes No

If yes, please describe _____

j. Does the insured have or allow employees to do any type of bar top dancing or table top dancing? Yes No

- If yes, do they use any type of fire or pyrotechnics? (This would include but is not limited to lighting alcohol as part of the presentation) Yes No

If yes, please describe _____

- Does this bar top or table top dancing ever involve patrons/customer participation? Yes No

If yes, please explain: _____

k. Does the insured have a web site? Yes No

a. If yes, please furnish the URL address to that website _____

l. Has the insured ever had an assault and battery claim? Yes No

If "Yes" please give details: _____

3. **FILL IN FINANCIAL INFORMATION FOR THE PAST THREE YEARS AS REQUESTED BELOW:**

a. Fiscal Dates (month & year)	_____	_____	_____
b. Beer, Wine & Liquor Sales	\$ _____	\$ _____	\$ _____
c. Food Sales	\$ _____	\$ _____	\$ _____
d. Total	\$ _____	\$ _____	\$ _____
e. Cover Charge	\$ _____	\$ _____	\$ _____

NAME OF PERSON TO CONTACT FOR FINANCIAL RECORDS: _____

PHONE NO.: _____

4. PROPERTY COVERAGE INFORMATION

- a. Distance from nearest: Responding Fire Station _____ miles Fire Hydrant _____ feet
- b. Year built _____ Number of stories _____ Construction Frame Other _____
- c. Total square footage of building _____
- d. Fire Extinguishers: Yes No How many? _____ Serviced & Tagged within the past year? Yes No
- e. Last date for update of following (show NA if not updated):
 Roof: _____ Plumbing: _____ Electrical system: _____ HVAC: _____
 Central station fire or burglary alarm: _____ Central station fire: _____
- f. Sprinkler system Yes No If yes % of square footage covered by sprinkler _____
- g. Type of wiring: Copper Aluminum Type of roof: _____

5. COOKING HAZARD QUESTIONNAIRE

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Is any type of cooking done on premises (please circle if microwave cooking ONLY)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. UL approved auto extinguishing system over ALL cooking surfaces and deep fryers?
Type of system: <input type="checkbox"/> Wet Chemical (UL 300 Approved) <input type="checkbox"/> Dry Chemical | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Semi-annual service contract for auto extinguishing system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Automatic gas or electric shut off for cooking with manual pull? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are hoods and ducts equipped with filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are filters cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are hoods and ducts cleaned at a MINIMUM of every six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are portable fire extinguishers mounted and accessible to cooking areas? | <input type="checkbox"/> | <input type="checkbox"/> |

6. GENERAL LIABILITY INFORMATION

- a. Number of Employees: Managers: _____ Bartenders: _____ Waiter/Waitresses: _____ Security/Binders: _____
- b. Area of: Parking Lot _____ square feet Is applicant responsible for care/maintenance of lot? Yes No
- c. Surface of parking lot: Gravel Concrete Asphalt No Parking Other _____
- d. Number of Exits: _____ Are all exits marked with exit signs? Yes No
- e. Are all exits equipped with panic door hardware? Yes No
If "No", are all exits kept unlocked during business hours? Yes No
- f. What is the building's legal capacity as established by fire marshal or fire department? _____ persons.

If coverage is provided, it will contain special exclusion (above and beyond normal policy exclusions) including, but not necessarily limited to, the following:

- a. Assault and Battery
- b. Liquor Liability

The Applicant, Agent or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producers Signature: _____

LIQUOR LIABILITY APPLICATION

(Complete a Separate Application for each location)

1. Name of Applicant(include dba): _____
2. Mailing Address: _____
3. Location Address: _____
4. Applicant is: Individual Partnership Corporation LLC Other
 If other, explain: _____
5. Location is: Bar or Tavern Caterer Country Club Mini Mart without Gas
 Mini Mart with Gas Motel/Hotel Package Store Private Club
 Restaurant Special Event (short term) Sports Bar
 Supermarket or Grocery Store Other (explain): _____
(Note: If more than one of the above applies at this location then "x" each applicable box)
6. If private club, indicate type (be specific) and purpose: _____

7. Type(s) of Liquor License? On Sale Off Sale
 Beer Wine Liquor
8. Show Hours and Days of Operation: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____
9. Show Receipts: Estimated Next 12 Months Last 12 Months
 a. Alcoholic Beverages _____
 b. Food _____
 c. Other _____
10. Indicate type of area where you are located: Commercial (Non-Industrial) Downtown Industrial
 Residential Resort Rural Suburban
11. Do you have any of the following? Athletic Contests or Events Bouncers Comedy Shows
 Dance Floor Dart Board Disc Jockey Doorman
 Exotic Dancers ID Checkers Live Music Mechanical Rides
 Movies or Videos Pinball Machines Pool Tables Shuffleboard
 Security Guards (employees) Video Games Nude Dancers or Nude Reviews
 Security Guards*(independent) Firearms on premises
 *Do independent contractors carry liability insurance and provide certificates? Yes No
 If you x'd any of above boxes, explain in detail (be specific about type of music provided, etc.): _____

- Night Clubs (or any risk where entertainment is a primary function) is only written on a claims made form.**
12. Do you sponsor or provide any of the following? Double for single prices Free Alcoholic Drinks
 Ladies Night 2 for 1 drinks Singles Night Drink Specials
13. Percent of patrons arriving and departing by automobile? _____%
14. Maximum number of employees (including owners and managers) on duty at any one time? _____
15. Maximum capacity of premises allowed by law? _____
16. Maximum number of patrons on premises at any one time? _____
17. Average number of patrons on premises at any one time? _____
18. Predominate age range of patrons? 21 - 35 26 - 35 Over 35
19. Do you allow anyone under 21 on your premises? Yes No
 If yes, explain _____

- 20a. Have you or this establishment ever been charged, cited or fined by ABC commission or other governmental regulator? Yes No If yes, explain _____

- 20b. Have you or this establishment ever had its alcohol beverage license suspended or revoked? Yes No
- 20c. Number of bartenders? _____ Number of other employees serving alcoholic beverages? _____

20d. Does this establishment have an alcohol awareness training program for the prevention of alcohol abuse?

Yes No

If yes, complete the following:

1. Are all servers trained within sixty (60) days of employment?

Yes No

2. Do you provide written policies and procedures to employees regarding minimum service to minors and intoxicated persons?

3. Name of awareness program: _____

4. Do you provide free rides home to intoxicated patrons?

If yes, explain: _____

21. Prior Insurance/Loss History:

Show liquor liability insurer(s) for past three (3) years:

Year	Insurance Company	Limits	Policy Number

Have you had any liquor liability claims (insured or uninsured) in the past three (3) years?

Yes No

If yes, list them below:

Year	Description of Loss	Amount Paid or Reserved

22. Show insurer, policy term and limits for general liability coverage (limits must equal or be greater than the liquor liability limits) _____

23. Was your last liability coverage on a claims made coverage form? Yes No Is this application for claims made form? Yes No If yes, is Prior Acts Coverage desired? Yes No If yes, attach a copy of current declarations page showing retroactive date.

24. Do you have knowledge of any injury or accident which might have been caused by the serving of alcoholic beverages from your establishment which occurred after the requested effective date and prior to the completion of this application? Yes No If yes, explain in detail including name of injured party and date of incident: _____

Requested limits (in thousands) 100/100 100/300 300/300 500/500 Other _____
 Requested *Deductible \$500 \$1,000 \$2,500 \$5,000

*Deductible applies per claim including defense expense for claims.

Requested policy term: _____ to _____ Contact Person: _____ Telephone # _____

The Claims Made Liquor Liability form only provides coverage for "injury" which occurs after the retroactive date (and which you had no knowledge of prior to the effective date of this policy) shown in the policy (see #23 of this application) and reported (in writing) to the insurance company during the coverage period of this policy and I fully understand this limitation.

I declare that the above statements and particulars are true and that no fact have been suppressed or misstated and that this application form is recognized to be the basis of any policy of insurance which may be issued by the Company. The completion of this application does not bind the company to sell, and the misstatements of facts may void your coverage.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your option below: